

NIPOMO COMMUNITY SERVICES DISTRICT

148 SOUTH WILSON STREET/POST OFFICE BOX 326
NIPOMO CA 93444

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INVESTIGATION POLICY: Nipomo Community Services District (NCSD) recognizes the importance of maintaining a safe work place with employees who are honest, trustworthy, qualified, reliable and non-violent, and who do not represent a risk of harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring a person NCSD reserves the right to investigate the applicant's employment history, personal references and educational background, as well as other relevant information that is reasonably available to NCSD. In hiring for certain positions, NCSD may review the applicant's credit report and criminal background, if any. Consistent with these practices, all job applicants will be asked to sign an agreement requesting, authorizing and consenting to the release of information to NCSD in releasing all concerned from liability for disclosure of information. Consistent with legal requirements, NCSD reserves the right to exclude any applicant from consideration for employment if the applicant refuses to sign this agreement as requested.

NCSD's policies regarding company property, security, privacy, searches and its drug-free workplace policy provide further information about NCSD's discretion to investigate employees and mandatory reporting obligations. After receiving an offer of employment, any job applicant who wishes to review these policies before deciding whether to accept employment may do so by contacting NCSD.

1. INSPECTOR/PREVENTIVE MAINTENANCE SUPERVISOR

Position applying for

2. _____
CANDIDATE NAME: (Last) (First) (Middle Initial)

CANDIDATE'S OTHER NAMES USED (To Verify Employment/Educational History):

NAME: (Last) (First) (Middle Initial)

NAME: (Last) (First) (Middle Initial)

3. _____
PRESENT MAILING ADDRESS: (Number/P.O. Box) (Street) HOME PHONE

(City) (State) (Zip Code) WORK PHONE

4. _____
PERMANENT ADDRESS (If different than above): (Street)

(City) (State) (Zip Code)

5. SOCIAL SECURITY NUMBER _____ - _____ - _____

6. Are you 18 years of age or older? YES ☐ NO ☐

7. Can you submit proof of age after employment? YES ☐ NO ☐

8. If employed, can you produce verification of your legal right to work in the United States? YES ☐
NO ☐

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9. Do you speak, read and write a language other than English? If so, please identify:

10. EDUCATION: Applicant may be required to furnish proof of academic training by transcript or diploma.

LAST HIGH SCHOOL ATTENDED: _____

Did you graduate?

YES ☐ NO ☐

RÉSUMÉS MAY BE ADDED, BUT CANNOT BE SUBSTITUTED FOR THIS SECTION

College or University	Major/Minor	Units completed or Degree	Years

List any school courses, special skills, training, machines or equipment that you can operate that relate to the requirements of the position: _____

11. Applicants for jobs requiring typing, please certify skill level: Speed N/A (W.P.M.)

12. Driver's license number: _____

Date of expiration: _____ Class Number: _____

13. The following documents must be attached to this application:

- (a) A signed Statement of Physical Requirements.
- (b) A signed Notification and Authorization to Conduct Employment Background Investigation.
- (c) **DMV print-out** - Job description requires employee to operate District vehicle. Application will not be considered if DMV print-out is not attached.

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14. **EXPERIENCE:** Show your present job first; then list all other jobs in order, working down from the most recent. Use a separate block for each job held even though with the same organization. List any job-related volunteer experience. If hours worked per week varied, give average. Account for all time for at least the last ten years. Attach additional sheet, if necessary.

Date/Salary/Hours	Exact Job Title and Duties	Employer's Name and Address
From ___/___/___ to ___/___/___ \$_____ Per _____ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____ _____
From ___/___/___ to ___/___/___ \$_____ Per _____ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____ _____
From ___/___/___ to ___/___/___ \$_____ Per _____ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____ _____
From ___/___/___ to ___/___/___ \$_____ Per _____ Hours Worked Per Wk. _____	Title: _____ Duties: _____ Reason for Leaving: _____	_____ _____ _____ _____

15. Were you ever discharged or asked to resign from a position? YES ☐ NO ☐
Would you object to contacting of previous/current employer? YES ☐ NO ☐
If you have answered yes to either of the above, please explain:

16. Have you ever been convicted of a felony or misdemeanor? _____ **Do Not** include any conviction under California Health and Safety Codes §11357(a or b), 11360 (c), 11365 or 11557 related to marijuana more than two years ago, or any post-trial diversion program or any legally expunged conviction. YES ☐ NO ☐

Are you currently awaiting trial for any criminal offense? YES ☐ NO ☐

Have you ever initiated an act of violence in your workplace? YES ☐ NO ☐

A yes answer will not necessarily disqualify you. Please explain any "yes" answer above fully so individual circumstances can be considered. Use additional paper if needed.

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17. The Nipomo Community Services District is an equal opportunity employer and does not discriminate in employment. No questions on this application and attachment is used for the purpose of limiting or excusing any Applicant from consideration for employment on a basis prohibited by local, state or federal law. 18. The Nipomo Community Services District has a policy that any offer of employment shall be contingent upon the applicant successfully passing a District physician's exam and a urine and blood test for illicit drugs pursuant to Section 5070 of the Nipomo Community Services District Employee Policy and Procedure Manual. Persons who do not receive said physician's certification of qualification to do the type of work required by the position applied for, or who test positive for the presence of illicit drugs in their body will not be considered further. If you have reason to believe that you will not pass a physician's examination or will register positive on a drug test, or if you are unwilling to consent to such a test or examination, it is recommended that you do not submit an application. Immediately prior to reporting for drug testing, all applicants shall complete a Consent and Release Form to be kept on file in the District office.
18. Before date of hire, Applicant shall be required to pass a physical exam by a physician at District's designation and expense. Applicant shall submit proof of United States citizenship or legal right to remain and work in United States, be fingerprinted, and submit proof of age.
19. Please attach any additional information with your application which you feel will help the District in its evaluation of your qualifications.
20. Prior to turning in your application to the District, re-check it to make sure it is correct and complete.
21. I understand that it is the District's policy not to refuse to hire a qualified individual because of this person's need for a reasonable accommodation that would be required by the ADA.
22. If job description requires employee to operate a District vehicle, I give the District the right to investigate my DMV records.
23. CERTIFICATION OF APPLICANT: I certify that all the statements made in this application are true and complete to the best of my knowledge. I understand that all statements are subject to verification by the District and any false statements or omissions of material facts may be considered sufficient to subject me to disqualification or dismissal.

Date: _____

Signature: _____

JUSTIFACTS
Credential Verification, Inc

**Notification and Authorization to
Conduct Employment Background Investigation**

I hereby authorize Justifacts Credential Verification, Inc, an Agent for Nipomo Community Services District, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this initial report only.

PLEASE PRINT CLEARLY

FULL NAME: _____

OTHER NAMES USED/DATES: _____

CURRENT
ADDRESS: _____ PHONE: _____

LIST ALL ADDRESSES FOR PAST 7 YEARS:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

DRIVER'S LICENSE# _____ STATE ISSUED: _____

***** HAVE YOU EVER BEEN CONVICTED OF A CRIME?** *(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for marijuana related offenses for personal use, and misdemeanors for which probation was completed and the case judicially dismissed)* _____ **YES** _____ **NO**

If yes, please explain: _____

******Note:** No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position will be considered.

SIGNATURE: _____ DATE: ____/____/____

☐ **Please check this box if you would like a copy of the background check mailed to you.**

NOTICE: Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two year or both."

REV. 10/02

NIPOMO COMMUNITY SERVICES DISTRICT148 SOUTH WILSON STREET/POST OFFICE BOX 326
NIPOMO CA 93444**EMPLOYMENT APPLICATION****STATEMENT OF PHYSICAL REQUIREMENTS
AND ENVIRONMENTAL FACTORS**

Name: _____

Job Title: INSPECTOR/PREVENTIVE MAINTENANCE SUPERVISOR

Job Description: Attached, receipt of which is hereby acknowledged.

PHYSICAL ACTIVITY REQUIREMENTS

Work Position	approx. 20%	approx. 30%	approx. 50%	70% or more
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Body Movements:

None = 0

Occasional = 0 to ¼ work day

Some = ¼ to ½ work day

Frequently = ½ to ¾ work day

Continuously = ¾ to full work day

Lifting:

	0 – 20 lbs	20-40-lbs	40-60 lbs	more than 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Push and/or Pull
Loads:**

	0 – 20 lbs	20-40-lbs	40-60 lbs	more than 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carrying:

	0 – 20 lbs	20-40-lbs	40-60 lbs	more than 100 lbs
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Some	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuously	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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STATEMENT OF PHYSICAL REQUIREMENTS AND ENVIRONMENTAL FACTORS

Bending:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Kneeling/ Squatting:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Reaching Overhead Stretching:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Climbing Stairs:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Climbing Ladders:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Crawling:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input checked="" type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input type="checkbox"/>
Working on Rough and/or Uneven Terrain:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input checked="" type="checkbox"/>	Continuous <input type="checkbox"/>
Handling and Dexterity:	None <input type="checkbox"/>	Occasional <input type="checkbox"/>	Some <input type="checkbox"/>	Frequent <input type="checkbox"/>	Continuous <input checked="" type="checkbox"/>

ENVIRONMENTAL FACTORS Related to Job Description

<input checked="" type="checkbox"/> Outside	<input checked="" type="checkbox"/> Outside and inside	<input checked="" type="checkbox"/> Excessive heat
<input checked="" type="checkbox"/> Excessive cold	<input type="checkbox"/> Excessive humidity	<input checked="" type="checkbox"/> Excessive dampness or chilling
<input checked="" type="checkbox"/> Dry atmospheric conditions	<input checked="" type="checkbox"/> Excessive noise, intermittent	<input checked="" type="checkbox"/> Constant noise
<input checked="" type="checkbox"/> Dust	<input type="checkbox"/> Silica, asbestos, etc	<input checked="" type="checkbox"/> Fumes, smoke, or gases
<input type="checkbox"/> Solvents (degreasing agents)	<input checked="" type="checkbox"/> Grease and oils	<input checked="" type="checkbox"/> Radiant energy
<input checked="" type="checkbox"/> Electrical energy	<input checked="" type="checkbox"/> Slippery or uneven walking surfaces	<input checked="" type="checkbox"/> Working around machinery with moving parts
<input checked="" type="checkbox"/> Working around moving objects or vehicles	<input checked="" type="checkbox"/> Working on ladders or scaffolding	<input type="checkbox"/> Working below ground
<input type="checkbox"/> Unusual fatigue factors (specify)	<input checked="" type="checkbox"/> Working with hands in water	<input checked="" type="checkbox"/> Working closely with others (occasionally)
<input checked="" type="checkbox"/> Working alone (occasionally)	<input checked="" type="checkbox"/> Protracted or irregular hours of work	<input type="checkbox"/> Other (specify)

COMMENTS: _____

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STATEMENT BY APPLICANT

Applicant Read and Sign:

I hereby certify that I know of no reason (medical or otherwise) that would prevent me from performing the essential job functions or the physical activity and environmental requirements of the job listed above.

I understand that District will require me to be examined by a medical doctor selected by District to determine my ability to perform the job related function described above as a condition of any offer of employment by District.

I further understand that any false statement or material omission by me in connection with such medical examination or concerning my job related physical abilities will disqualify me from employment or be cause for dismissal when the false statement or omission is discovered.

I hereby authorize the release of all medical information obtained during my medical examination to the Nipomo Community Services District.

Date: _____

Applicant